

Dr. T. Sang

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027952

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1170-B

STATE FILE NUMBER

FILED AUG 5 1963

1. PLACE OF DEATH

a. COUNTY GREENE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN SPRINGFIELD

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION ST. JOHNS HOSPITALInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY JASPER

c. CITY OR TOWN JOPLIN

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
3015 W. 33rd.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
ARNOLD DEE KOON4. DATE OF DEATH
Month Day Year
JULY 23, 19635. SEX
MALE6. COLOR OR RACE
WHITE7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐8. DATE OF BIRTH
3/5/479. AGE (last birthday)
16IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
STUDENT SOPHOMORE JOPLIN HIGH SCHOOL

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
WICHITA, KAN.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

HARRISON B. KOON

13b. MOTHER'S MAIDEN NAME

ETHEL MARIE SMITH

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No17. INFORMANT
Address
HARRISON B. KOON JOPLIN, MO.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Contusion, Extensive

INTERVAL BETWEEN
ONSET AND DEATH

10 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-13-63 to 7-23-63 and last saw her alive on 7-23-63
Death occurred at 7:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

John L. K. Sang M.D.

22b. ADDRESS 1636 S. Glenstone
Springfield, Missouri

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)
BURIAL23b. DATE
7/27/63

23c. NAME OF CEMETERY OR CREMATORY

OSBORNE MEMORIAL CEMETERY JOPLIN, MISSOURI

23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR

ADDRESS

HERMAN LOHMEYER, SPRINGFIELD, MO.

25. DATE RECD. BY LOCAL REG.

7-31-63

26. REGISTRAR'S SIGNATURE

E. R. Melton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

7/24/63

FILED
JUL 24 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walter E. Hamstra

Licensed Embalmer No. 3808

P. O. Address Springfield, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.